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CONFIRMATION NO. 4833

<b>SERIAL NUMBER</b> 09/966,955	<b>FILING OR 371(c) DATE</b> 09/28/2001 <b>RULE</b>	<b>CLASS</b> 536	<b>GROUP ART UNIT</b> 1646	<b>ATTORNEY DOCKET NO.</b> D0029 NP
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/237,030 09/29/2000

OK PM 6/27/06

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

none PM 6/27/06

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 11/08/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> NJ	<b>SHEETS DRAWING</b> 21	<b>TOTAL CLAIMS</b> 35	<b>INDEPENDENT CLAIMS</b> 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance PM 6/27/06				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

## ADDRESS

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## TITLE

Identification and cloning of a full-length human Clnk-related gene, MIST (Mast Cell Immunoreceptor Signal Transducer)

<b>FILING FEE RECEIVED</b> 1692	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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